

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Hospital Association PAC

ADDRESS (number and street)

800 Tenth Street, NW

Two CityCenter, Suite 400



Check if different than previously reported. (ACC)

Washington

DC

20001-4956

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C

C00106146

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Ms. Melinda Hatton

[Electronically Filed]

Date

01

29

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">3126501.95</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">1393377.62</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">295813.52</span>	<span style="border: 1px solid black; padding: 2px;">2150548.23</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">1689191.14</span>	<span style="border: 1px solid black; padding: 2px;">5277050.18</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">35984.34</span>	<span style="border: 1px solid black; padding: 2px;">3623843.38</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">1653206.80</span>	<span style="border: 1px solid black; padding: 2px;">1653206.80</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	164848.44	1055714.71
(ii) Unitemized .....	35718.73	355294.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	200567.17	1411009.57
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	200567.17	1421009.57
12. Transfers From Affiliated/Other Party Committees.....	37000.00	659950.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	58009.15	58009.15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	8975.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	237.20	2604.51
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	295813.52	2150548.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	295813.52	2150548.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	484.34	213638.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	484.34	213638.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	1072300.00
24. Independent Expenditures (use Schedule E) .....	0.00	2336149.76
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1755.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1755.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35984.34	3623843.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35984.34	3623843.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	200567.17	1421009.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1755.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	200567.17	1419254.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	484.34	213638.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	58009.15	58009.15
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-57524.81	155629.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James K Long CPA**

Mailing Address 1000 Highway 12

City  
Hettinger

State  
ND

Zip Code  
58639-7530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West River Regional Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 25 / 2014

**Transaction ID : 22116079**

Amount of Each Receipt this Period

330.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bill M Welch**

Mailing Address 5250 Neil Road, Suite 302

City  
Reno

State  
NV

Zip Code  
89502-6568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nevada Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 04 / 2014

**Transaction ID : 22168271**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Chad D Cooper**

Mailing Address 200 Bunker Hill Drive

City  
Aitkin

State  
MN

Zip Code  
56431-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverwood Healthcare Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 01 / 2014

**Transaction ID : 22168273**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen Lewis**

Mailing Address PO Box 505

City

Imperial

State

NE

Zip Code

69033-0505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chase County Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

12 / 01 / 2014

**Transaction ID : 22168305**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Ms. Bonnie Phipps**

Mailing Address 1 Sawgrass Court

City

Timonium

State

MD

Zip Code

21093-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Agnes Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

380.62

Date of Receipt

12 / 02 / 2014

**Transaction ID : 22168330**

Amount of Each Receipt this Period

380.62

Full Name (Last, First, Middle Initial)

**C. Ms. Nancy D Adams RN, MBA**

Mailing Address 327 Fisher Drive

City

Cumberland

State

MD

Zip Code

21502-6372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Maryland Regional Medical Cent

Occupation

Chief Operating Officer & Chief Nurse

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 02 / 2014

**Transaction ID : 22168332**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

685.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Marc P. Blum**

Mailing Address 2907 W. Strathmore Avenue

City  
Baltimore

State  
MD

Zip Code  
21209-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifeBridge Health

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2014

**Transaction ID : 22168333**

Amount of Each Receipt this Period

340.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert J Brody**

Mailing Address 1805 Braeburn Drive

City  
Carmel

State  
IN

Zip Code  
46032-8364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan St. Francis Health - Indian

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2014

**Transaction ID : 22168611**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Pamela Cassara**

Mailing Address 165 N. Canal Street  
#1114

City  
Chicago

State  
IL

Zip Code  
60606-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Alliance

Occupation

Director of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2014

**Transaction ID : 22168613**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

840.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Jennifer Marion**

Mailing Address 14540 Sedgwick Court

City State Zip Code  
 Granger IN 46530-4870

FEC ID number of contributing federal political committee.

C

Name of Employer

Franciscan Alliance

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 03 2014

Transaction ID : 22168617

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Speer**Mailing Address 146 Capital Drive  
Apt. C

City State Zip Code  
 Avon IN 46123-4538

FEC ID number of contributing federal political committee.

C

Name of Employer

Hendricks Regional Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 03 2014

Transaction ID : 22168621

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Bernadine L Wallace MSN, RN**

Mailing Address 1003 Overlook Road

City State Zip Code  
 Marion IN 46952-1330

FEC ID number of contributing federal political committee.

C

Name of Employer

Marion General Hospital

Occupation

Chief Nursing Officer and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 03 2014

Transaction ID : 22168622

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David W Anderson**

Mailing Address 805 Sandy Plains Road

City

Marietta

State

GA

Zip Code

30066-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

Executive Vice President and Chief Com

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2014

Transaction ID : 22169228

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Scott Ansele**

Mailing Address 614 Lakeside Drive

City

Aiken

State

SC

Zip Code

29803-7530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Health Care System

Occupation

VP Professional and Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 02 / 2014

Transaction ID : 22169229

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert J Bachman**

Mailing Address 1364 Clifton Road NE

City

Atlanta

State

GA

Zip Code

30322-1059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory University Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2014

Transaction ID : 22169230

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. David L Castleberry FACHE**

Mailing Address P O Box 1059

City State Zip Code  
 Thomaston GA 30286-0027

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Upson Regional Medical Center

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 02 2014

Transaction ID : 22169238

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steven Gautney**

Mailing Address 1236 US Hwy 41 S

City State Zip Code  
 Vienna GA 31092-7740

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Crisp Regional Hospital

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 02 2014

Transaction ID : 22169248

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Susan M Grant MS, RN, CN**

Mailing Address 1132 Chantilly Road NE

City State Zip Code  
 Atlanta GA 30324

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Emory Healthcare

Occupation  
 Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 02 2014

Transaction ID : 22169249

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul P Hinchey**

Mailing Address 127 East 46th Street

City

Savannah

State

GA

Zip Code

31405-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2014

Transaction ID : 22169252

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Ethan James**

Mailing Address 1838 Ravenwood Way

City

Atlanta

State

GA

Zip Code

30329-2723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President of Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2740.00

Date of Receipt

12 / 02 / 2014

Transaction ID : 22169254

Amount of Each Receipt this Period

440.00

Full Name (Last, First, Middle Initial)

**C. Mr. Reynold J Jennings**

Mailing Address 508 Sandy Plains Road

City

Marietta

State

GA

Zip Code

30066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2014

Transaction ID : 22169255

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

940.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William T Moore**

Mailing Address 3014 Castle Pines Drive

City

Johns Creek

State

GA

Zip Code

30097-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlanta Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

12 / 02 / 2014

Transaction ID : 22169264

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Paul**

Mailing Address 131 Radium Street NW  
Unit 1

City

Marietta

State

GA

Zip Code

30060-1369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellStar Kennestone Hospital

Occupation

Vice President, Facilities Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2014

Transaction ID : 22169269

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jack Schwartz**

Mailing Address 205 Fairway Lakes Rd

City

Greenwood

State

SC

Zip Code

29649-8415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Navicent Health

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2014

Transaction ID : 22169278

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Shepherd**

Mailing Address PO Box 348

City

Lawrenceville

State

GA

Zip Code

30046-0348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gwinnett Hospital System

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2014

**Transaction ID : 22169280**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kurt Stuenkel FACHE**

Mailing Address 35 Huntington Rd. SW

City

Rome

State

GA

Zip Code

30165-6661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Floyd Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2014

**Transaction ID : 22169283**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Carie Summers**

Mailing Address 1675 Terrell Mill Road

City

Marietta

State

GA

Zip Code

30067-8339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President, Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2014

**Transaction ID : 22169284**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Philip R Wolfe**

Mailing Address 2716 Wynnton Drive

City

Duluth

State

GA

Zip Code

30097-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gwinnett Hospital System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 02 / 2014

Transaction ID : 22169287

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Critchlow**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 05 / 2014

Transaction ID : 22169291

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Mr. Daniel B Coffey**

Mailing Address P O Box 404

City

Bangor

State

ME

Zip Code

04402-0404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Acadia Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 08 / 2014

Transaction ID : 22169292

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Margaret D Sabin**

Mailing Address P O Box 7021

City

Colorado Springs

State

CO

Zip Code

80933-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penrose-St. Francis Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 08 / 2014

**Transaction ID : 22169295**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael T Rowan FACHE**

Mailing Address 198 Inverness Drive West, Suite 80

City

Englewood

State

CO

Zip Code

80112-5202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic Health Initiatives

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 08 / 2014

**Transaction ID : 22169296**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rick Snyder**

Mailing Address 4000 Lincoln Boulevard

City

Oklahoma City

State

OK

Zip Code

73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

Vice President, Finance & Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

12 / 02 / 2014

**Transaction ID : 22169306**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

505.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lynne Stewart White**

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
 Oklahoma City OK 73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

Director of Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 02 2014

**Transaction ID : 22169307**

Amount of Each Receipt this Period

2.50

Full Name (Last, First, Middle Initial)

**B. Ms. Lori Wightman RN, MSN, F**

Mailing Address 430 North Monte Vista

City State Zip Code  
 Ada OK 74820-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Hospital Ada

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 02 2014

**Transaction ID : 22169308**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kathy Bressler**

Mailing Address 11315 Bridgeport Way SW

City State Zip Code  
 Tacoma WA 98499-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Clare Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 08 2014

**Transaction ID : 22169311**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

502.50

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Leslie Hiebert**

Mailing Address 310 South Roosevelt Avenue

City State Zip Code  
 Goldendale WA 98620-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Klickitat Valley Health Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 08 2014

**Transaction ID : 22169312**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Alex Jackson**

Mailing Address PO Box 406

City State Zip Code  
 Spokane WA 99210-0406

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Providence Sacred Heart Medical Center Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 08 2014

**Transaction ID : 22169313**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Sharon Royne**

Mailing Address 1717 S J St

City State Zip Code  
 Tacoma WA 98405-4933

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 St. Francis Hospital Interim Senior Vice President Human Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 08 2014

**Transaction ID : 22169314**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Budd G. Wagner**

Mailing Address 4204 27th Avenue NW

City

Gig Harbor

State

WA

Zip Code

98335-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Health System

Occupation

Vice President, Marketing and Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169315**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Scott E. Armstrong**

Mailing Address 320 Westlake Ave North

City

Seattle

State

WA

Zip Code

98109-5232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Health Cooperative

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169316**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bobby Arnold**

Mailing Address 620 Skyline Drive

City

Jackson

State

TN

Zip Code

38301-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Tennessee Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169317**

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert S. Gordon**

Mailing Address 7891 Cross Pike Drive

City

Germantown

State

TN

Zip Code

38138-8117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Memorial Health Care Corporati

Occupation

Executive Vice President & CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169318**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Mr. James M Hobson**

Mailing Address 2525 De Sales Avenue

City

Chattanooga

State

TN

Zip Code

37404-1161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Health Care System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169319**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Mr. Paul Korth**

Mailing Address P O Box 340

City

Cookeville

State

TN

Zip Code

38503-0340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cookeville Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169320**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jason Little**

Mailing Address 350 North Humphreys Boulevard

City

Memphis

State

TN

Zip Code

38120-2177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Memorial Health Care Corporati

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169321**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Ms. Thelma Traut**

Mailing Address 631 R.B. Wilson Drive

City

Huntingdon

State

TN

Zip Code

38344-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Memorial Hospital-Huntingdon

Occupation

Vice Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169322**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**c. Ms. Beth Berry**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Sr. Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169323**

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1840.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Chris Clarke**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President, Center for Pati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.41

Date of Receipt

12 / 05 / 2014

Transaction ID : 22169324

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael A. Dietrich**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.41

Date of Receipt

12 / 05 / 2014

Transaction ID : 22169326

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Chris Giese**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice President of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

12 / 05 / 2014

Transaction ID : 22169327

Amount of Each Receipt this Period

100.80

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James L. Goodloe**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169328**

Amount of Each Receipt this Period

100.80

Full Name (Last, First, Middle Initial)

**B. Mr. Bill Jolley**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice-President-Rural Health Issues

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169329**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. David H. McClure**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169331**

Amount of Each Receipt this Period

72.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

272.80

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Neiger**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

VP Accounting/ Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169332**

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

**B. Ms. Gwyn E Walters**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

VP for Research and Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169333**

Amount of Each Receipt this Period

104.40

Full Name (Last, First, Middle Initial)

**C. Mr. Clark P Christianson**

Mailing Address P O Box 850429

City

Mobile

State

AL

Zip Code

36685-0429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169392**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1176.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jacques Jarry**

Mailing Address 5520 Ashgrove Circle

City

Montgomery

State

AL

Zip Code

36116-1150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bullock County Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169393**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Anthony Patterson**

Mailing Address 3416 East Street

City

Vestavia

State

AL

Zip Code

35243-4900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Alabama Hospital

Occupation

Senior Vice President Inpatient Servic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169394**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr. William Ferniany PhD**

Mailing Address 132 Queensberry Crescent

City

Mountain Brk

State

AL

Zip Code

35223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169395**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Marty Box**

Mailing Address 232 River Oaks Dr

City

Helena

State

AL

Zip Code

35080-8621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB Health System

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169396**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Mr. David S Spillers**

Mailing Address 101 Sivley Road

City

Huntsville

State

AL

Zip Code

35801-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huntsville Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169397**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Ms. A Elizabeth Anderson**

Mailing Address 2451 Fillingim Street

City

Mobile

State

AL

Zip Code

36617-2238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of South Alabama Medical Ce

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169398**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Rosemary Blackmon**

Mailing Address 547 Le Grand Place

City

Montgomery

State

AL

Zip Code

36106-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alabama Hospital Association

Occupation

Exec. Vice President of Public Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169399**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Jane Knight**

Mailing Address 1612 Salisbury Place

City

Montgomery

State

AL

Zip Code

36117-2562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alabama Hospital Association

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169444**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Danne J. Howard**

Mailing Address 1225 Chadwick Lane

City

Montgomery

State

AL

Zip Code

36117-8962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alabama Hospital Association

Occupation

Senior Vice President Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169445**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Margaret Whatley**

Mailing Address 8223 Greyfield Dr

City

Montgomery

State

AL

Zip Code

36117-6913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alabama Hospital Association

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 04 / 2014

Transaction ID : 22169446

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Lothar E Peace III**

Mailing Address P O Box 939

City

Alexander City

State

AL

Zip Code

35011-0939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Russell Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 04 / 2014

Transaction ID : 22169447

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr Matthew Weathers**

Mailing Address 3191 Clairmont Springs Rd

City

Talladega

State

AL

Zip Code

35160-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clay County Hospital

Occupation

Director of Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 04 / 2014

Transaction ID : 22169448

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Bryan N Kindred FACHE**

Mailing Address 809 University Boulevard East

City State Zip Code  
 Tuscaloosa AL 35401-2029

FEC ID number of contributing federal political committee.

C

Name of Employer

DCH Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 04 2014

Transaction ID : 22169449

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Jennie R Rhinehart**

Mailing Address 805 Friendship Road

City State Zip Code  
 Tallassee AL 36078-1234

FEC ID number of contributing federal political committee.

C

Name of Employer

Community Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 04 2014

Transaction ID : 22169450

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Ms Debra Jodi Johnson**

Mailing Address 612 Holmes Ave NE

City State Zip Code  
 Huntsville AL 35801-4145

FEC ID number of contributing federal political committee.

C

Name of Employer

Huntsville Hospital

Occupation

Director of Anesthesia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 04 2014

Transaction ID : 22169451

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Brian Spraberry**

Mailing Address 161 Bristol Lane

City

Birmingham

State

AL

Zip Code

35242-6876

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Callahan Eye Foundation Hospital

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2014

**Transaction ID : 22169452**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Richard G Hilton**

Mailing Address P O Box 1506

City

Starkville

State

MS

Zip Code

39760-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OCH Regional Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169457**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Julie McNeese**

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 22169464**

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

571.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Clark R. Cosse III**

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-8409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Hospital Association

Occupation

Chief Governmental Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 08 / 2014

Transaction ID : 22169491

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dr. Patrick J Quinlan MD, MHA**

Mailing Address 1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 08 / 2014

Transaction ID : 22169492

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kenneth E. Alexander**

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Hospital Association

Occupation

VP, Quality and Regulatory Activities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 08 / 2014

Transaction ID : 22169493

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Phyllis L. Peoples MSN, RN**

Mailing Address P O Box 6037

City

Houma

State

LA

Zip Code

70361-6037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Terrebonne General Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169494**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jeffrey S Tarrant FACHE**

Mailing Address 401 South Third Street

City

Enid

State

OK

Zip Code

73701-5737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRISTUS St. Frances Cabrini Hospital

Occupation

Administrator/COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169495**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert L. Burgess**

Mailing Address 1125 West Highway 30

City

Gonzales

State

LA

Zip Code

70737-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Elizabeth Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169496**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul G Mathews FHFMA, CPA**

Mailing Address 1102 North Pine Road

City State Zip Code  
 Olla LA 71465-4804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Hardtner Medical Center

Occupation  
 Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 08 2014

**Transaction ID : 22169497**

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

**B. Dr. Joseph E Bisordi MD**

Mailing Address 1514 Jefferson Highway

City State Zip Code  
 New Orleans LA 70121-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ochsner Health System

Occupation  
 Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 08 2014

**Transaction ID : 22169498**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. William Bush**

Mailing Address 104 North Third Street

City State Zip Code  
 Alexandria LA 71301-8581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Riverside Hospital of Louisiana

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 08 2014

**Transaction ID : 22169499**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

760.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Michelle Clement**

Mailing Address 129 Chamale Drive

City  
Slidell

State  
LA

Zip Code  
70460-2562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Hospital Association

Occupation

Director of Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169500**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Karen S. Collins RN**

Mailing Address 200 West 134th Place

City  
Cut Off

State  
LA

Zip Code  
70345-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lady of the Sea General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169501**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bryan Day**

Mailing Address 1111 North Frontage Road, 2nd Floor

City  
Vicksburg

State  
MS

Zip Code  
39180-5102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Promise Hospital of Baton Rouge - Ochs

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169502**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ricardo Guevara**

Mailing Address 200 Henry Clay Avenue

City

New Orleans

State

LA

Zip Code

70118-5798

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital

Occupation

Vice President Legal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 08 / 2014

**Transaction ID : 22169503**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Rebecca Bradley**

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Hospital Association

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 08 / 2014

**Transaction ID : 22169504**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Ms. Nancy R Hellyer RN, FACHE**

Mailing Address P O Box 3401

City

Lake Charles

State

LA

Zip Code

70602-3401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRISTUS Coushatta Health Care Center

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 08 / 2014

**Transaction ID : 22169505**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeff Limbocker**

Mailing Address 5000 Hennessy Boulevard

City

Baton Rouge

State

LA

Zip Code

70808-4375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Our Lady of the Lake Regional Medical

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 08 / 2014

Transaction ID : 22169506

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jennifer E. McMahon**

Mailing Address 2450 Severn Avenue

City

Metairie

State

LA

Zip Code

70001-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metropolitan Hospital Council of New O

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 08 / 2014

Transaction ID : 22169507

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Lloyd Monger MHA**

Mailing Address 165 Beech Springs Road

City

Jonesboro

State

LA

Zip Code

71251-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson Parish Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 08 / 2014

Transaction ID : 22169508

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Brandon Moore CHE**

Mailing Address 901 Wilson Street

City

Lafayette

State

LA

Zip Code

70503-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Park Place Surgical Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169509**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Vince Sedminik**

Mailing Address P O Box 920

City

Springhill

State

LA

Zip Code

71075-0920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Springhill Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169510**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Don D. Trexler**

Mailing Address 42570 South Airport Road

City

Hammond

State

LA

Zip Code

70403-0946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cypress Pointe Surgical Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169511**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Greg Frost**

Mailing Address 451 Florida St., Bank One Centre

City State Zip Code  
 Baton Rouge LA 70801-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Breazeale Sachse & Wilson, LLP

Occupation  
 Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 08 2014

**Transaction ID : 22169512**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Wayne M Arboneaux**

Mailing Address 135 Highway 402

City State Zip Code  
 Napoleonville LA 70390-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Assumption Community Hospital

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 08 2014

**Transaction ID : 22169513**

Amount of Each Receipt this Period

287.50

Full Name (Last, First, Middle Initial)

**C. Mr. Charles D Daigle**

Mailing Address 2600 Greenwood Road

City State Zip Code  
 Shreveport LA 71103-3908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Willis-Knighton Health System

Occupation  
 Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 08 2014

**Transaction ID : 22169514**

Amount of Each Receipt this Period

287.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

825.00

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy O Coffey**

Mailing Address 1701 Oak Park Boulevard

City	State	Zip Code
Lake Charles	LA	70601-8911

FEC ID number of contributing federal political committee.

C

Name of Employer  
Lake Charles Memorial Hospital

Occupation  
Senior Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2014

Transaction ID : 22169515

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. Mr Jason Rashall**

Mailing Address 1701 Oak Park Boulevard

City	State	Zip Code
Lake Charles	LA	70601-8911

FEC ID number of contributing federal political committee.

C

Name of Employer  
Lake Charles Memorial Hospital

Occupation  
VP of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2014

Transaction ID : 22169516

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Ms. Katherine D Hebert**

Mailing Address PO Box 357

City	State	Zip Code
Breaux Bridge	LA	70517-0357

FEC ID number of contributing federal political committee.

C

Name of Employer  
St. Martin Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2014

Transaction ID : 22169517

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

625.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David L Callecod FACHE**

Mailing Address 1200 South Main Street

City

Searcy

State

AR

Zip Code

72143-7321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lafayette General Health

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 08 / 2014

Transaction ID : 22169519

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen M Johnson**

Mailing Address PO Box 20007

City

Owensboro

State

KY

Zip Code

42304-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Owensboro Health Regional Hospital

Occupation

Executive Director Government, Communi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 09 / 2014

Transaction ID : 22169581

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Greg Kiser**

Mailing Address P O Box 769

City

Louisa

State

KY

Zip Code

41230-0769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Three Rivers Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 09 / 2014

Transaction ID : 22169582

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Edward Nairn**

Mailing Address Highlands Regional Med Ctr  
Box 668

City State Zip Code  
Prestonburg KY 41653-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical Center

Occupation  
Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2014

**Transaction ID : 22169583**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Mr Alan Coppock**

Mailing Address 1 Trillium Way

City State Zip Code  
Corbin KY 40701-8727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health Corbin

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2014

**Transaction ID : 22169584**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Wayne Meriwether**

Mailing Address P O Box 48

City State Zip Code  
Henderson KY 42419-0048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Twin Lakes Regional Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2014

**Transaction ID : 22169585**

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1125.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bruce D Begley**

Mailing Address 1305 North Elm Street

City

Henderson

State

KY

Zip Code

42420-2783

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist Hospital

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 09 / 2014

**Transaction ID : 22169586**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jack Blackwell**

Mailing Address 2201 Forest Ave

City

Ashland

State

KY

Zip Code

41101-3728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Highlands Regional Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 09 / 2014

**Transaction ID : 22169587**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Harold C Warman Jr FACHE**

Mailing Address P O Box 668

City

Prestonsburg

State

KY

Zip Code

41653-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Highlands Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 09 / 2014

**Transaction ID : 22169588**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Steven R Michaud**

Mailing Address 33 Fuller Road

City

Augusta

State

ME

Zip Code

04330-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maine Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 10 / 2014

**Transaction ID : 22170390**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Cecelia F. Pelkey**

Mailing Address 100 Midway Road, Suite 21

City

Cranston

State

RI

Zip Code

02920-5742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital Association of Rhode Island

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 10 / 2014

**Transaction ID : 22170482**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas P. Buckley**

Mailing Address 505 Enfield Road

City

Oreland

State

PA

Zip Code

19075-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Vice President, Revenue

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

12 / 12 / 2014

**Transaction ID : 22172548**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1077.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Tracy Carlino RN, BSN, M**

Mailing Address 117 S. Stanwick Road

City

Moorestown

State

NJ

Zip Code

08057-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172550**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joseph A. Carr**

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172551**

Amount of Each Receipt this Period

162.50

Full Name (Last, First, Middle Initial)

**C. Belinda Brown Cooper**

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172554**

Amount of Each Receipt this Period

6.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

494.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172558**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Mr. Frank Goldstein**

Mailing Address 1 Tamarack Drive

City

Livingston

State

NJ

Zip Code

07039-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172560**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Guerriero**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.65

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172562**

Amount of Each Receipt this Period

6.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

338.00

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City	State	Zip Code
New Hope	PA	18938-5760

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 New Jersey Hospital Association

 Occupation  
 Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

Transaction ID : 22172563

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Mr. Timothy J. Keough**

Mailing Address 23 Nelson Drive

City	State	Zip Code
Barnegat	NJ	08005-2174

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 New Jersey Hospital Association

 Occupation  
 Vice President, Health Information Mgm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

Transaction ID : 22172566

Amount of Each Receipt this Period

162.50

Full Name (Last, First, Middle Initial)

**C. Mr. David P. Lavins**

Mailing Address 10 Fox Chase Road

City	State	Zip Code
Malvern	PA	19355-3441

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 New Jersey Hospital Association

 Occupation  
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

Transaction ID : 22172568

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

175.50

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City  
Princeton

State  
NJ

Zip Code  
08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172569**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Dr. John M. Matsinger**

Mailing Address 68 Sunflower Drive

City

Huntingdon Valley

State

PA

Zip Code

19006-5417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

EVP, CCO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172571**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**C. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172576**

Amount of Each Receipt this Period

6.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

338.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Robert Segin**

Mailing Address 34 Milford Drive

City

Marlton

State

NJ

Zip Code

08053-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172577**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

## **B. Mr. John Slotman**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172578**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

## **C. Mr. Matthew Zuino**

Mailing Address 36 Moray Lane

City

Sewell

State

NJ

Zip Code

08080-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172584**

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

656.50

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen L Goeser FACHE**

Mailing Address 17703 Jones St

City

Omaha

State

NE

Zip Code

68118-3525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nebraska Methodist Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 22175142**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael J Curran**

Mailing Address 3551 Cattail Creek Drive

City

Glenwood

State

MD

Zip Code

21738-9607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Exec VP and Chief Admin and Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 22175194**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**c. Mary Joy Drass-Maxwell M.D.**

Mailing Address 2065 Water Mark Place

City

Potomac Falls

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Executive Vice President-Washington Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 22175196**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

760.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Stephen R. T. Evans M.D.**

Mailing Address 1120 Balls Hill Road

City

McLean

State

VA

Zip Code

22101-2653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Chief Medical Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 22175198**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Oliver M. Johnson II**

Mailing Address 14717 Dover Road

City

Reisterstown

State

MD

Zip Code

21136-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Executive Vice President & Gen'l Couns

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 22175202**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**C. Dr. Maureen P McCausland DNSc, RN,**

Mailing Address 5565 Sterrett Pl - 5th Floor

City

Columbia

State

MD

Zip Code

21044-2665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Sr. Vice President and Chief Nursing O

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 22175205**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

765.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kenneth A Samet**

Mailing Address 8820 Burdette Road

City

Bethesda

State

MD

Zip Code

20817-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 22175210**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**B. Mr. Carl J Schindelar**

Mailing Address 2321 Kings Arm Drive

City

Fallston

State

MD

Zip Code

21047-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 22175211**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**C. Ms. Christine Swearingen**

Mailing Address 3022 Chestnut Street, NW

City

Washington

State

DC

Zip Code

20015-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 22175213**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1020.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Pegeen A. Townsend**

Mailing Address 225 McKeon Road

City

Severna Park

State

MD

Zip Code

21146-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Vice President Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 22175216**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steven A Burdick**

Mailing Address P O Box 1477

City

Walla Walla

State

WA

Zip Code

99362-0312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence St. Mary Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175325**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rand J Wortman**

Mailing Address 888 Swift Boulevard

City

Richland

State

WA

Zip Code

99352-3542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kadlec Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175326**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

755.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Catherine Fickes RN, MHA**

Mailing Address 2131 W. Third Street  
P O Box 57992

City State Zip Code  
Los Angeles CA 90057-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 16 2014

Transaction ID : 22175465

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Dr. Paul Summergrad**

Mailing Address 800 Washington Street

City State Zip Code  
Boston MA 02111-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

Chairman Psychiatry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 16 2014

Transaction ID : 22175549

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Chris B Barber FACHE**

Mailing Address 225 East Jackson Avenue

City State Zip Code  
Jonesboro AR 72401-3119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Bernards Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 16 2014

Transaction ID : 22175607

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

927.50

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary Bebow FACHE**

Mailing Address P O Box 2197

City  
Batesville

State  
AR

Zip Code  
72503-2197

FEC ID number of contributing  
federal political committee.

C

Name of Employer

White River Health System

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175608**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Mr. Darren Caldwell**

Mailing Address P O Box 32

City  
De Witt

State  
AR

Zip Code  
72042-0032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delta Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175610**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**C. Mr Mike Coulson**

Mailing Address 9601 Intertstate 630  
Exit 7

City  
Little Rock

State  
AR

Zip Code  
72205-7299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health Medical Center - North

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175614**

Amount of Each Receipt this Period

650.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Barry L Davis FACHE**

Mailing Address P O Box 339

City  
Paragould

State  
AR

Zip Code  
72451-0339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Methodist Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175615**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Ms. Lyndsey Dumas**

Mailing Address 419 Natural Resources Drive

City  
Little Rock

State  
AR

Zip Code  
72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Director of Educational Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175616**

Amount of Each Receipt this Period

247.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kristy Estrem FACHE**

Mailing Address 214 Carter Street

City  
Berryville

State  
AR

Zip Code  
72616-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Hospital Berryville

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175618**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

702.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ryan Gehrig**

Mailing Address P O Box 1308

City

Norman

State

OK

Zip Code

73070-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Hospital Fort Smith

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175621**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Mr. Lee Gentry FACHE**

Mailing Address 9601 Interstate 630, Exit 7, 10th

City

Little Rock

State

AR

Zip Code

72205-7202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health Rehabilitation Institut

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175622**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**C. Mr. John E Heard**

Mailing Address P O Box 351

City

McGehee

State

AR

Zip Code

71654-0351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McGehee-Desha County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175625**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

682.50

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Walter E Johnson Jr.**

Mailing Address 1600 West 40th Avenue

City

Pine Bluff

State

AR

Zip Code

71603-7089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jefferson Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175629**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Mr. Edward L Lacy FACHE**

Mailing Address 1800 Bypass Road

City

Heber Springs

State

AR

Zip Code

72543-9135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health Medical Center-Heber Sp

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175631**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**C. Mr. James L Magee**

Mailing Address 1206 Gordon Duckworth Drive

City

Piggott

State

AR

Zip Code

72454-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piggott Community Hospital

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175633**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

682.50

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Greg Stubblefield**

Mailing Address 3050 Twin Rivers Dr.

City

Arkadelphia

State

AR

Zip Code

71923-4218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health Medical Center-Little R

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175637**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Mr. John R Tucker FACHE**

Mailing Address 2801 Medical Center Drive

City

Pocahontas

State

AR

Zip Code

72455-9436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dallas County Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175638**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**c. Mr. Steven Douglas Weeks FACHE**

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health Medical Center-Little R

Occupation

Senior Vice President and Administrato

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175639**

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

877.50

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kyle Swift**

Mailing Address P O Box 1998

City

El Dorado

State

AR

Zip Code

71731-1998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center of South Arkansas

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175640**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Mr. Troy R Wells**

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175641**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**c. Ms. Margaret M West MS, RD, LD**

Mailing Address P O Box 629

City

Magnolia

State

AR

Zip Code

71754-0629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magnolia Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175642**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Elisa M. White**

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 22175644**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas P. Nickels**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22175904**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Mr. John M Hupert FACHE**

Mailing Address 1065 Peachtree Street NE Unit #310

City

Atlanta

State

GA

Zip Code

30309-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grady Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22175929**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2325.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Peter J Wright**

Mailing Address 600 Saint Johnsbury Road

City

Littleton

State

NH

Zip Code

03561-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2014

**Transaction ID : 22175950**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Joseph Pepe MD**

Mailing Address 100 McGregor Street

City

Manchester

State

NH

Zip Code

03102-3770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2014

**Transaction ID : 22175951**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Michelle McEwen**

Mailing Address 16 Hospital Road

City

Plymouth

State

NH

Zip Code

03264-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spere Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2014

**Transaction ID : 22175952**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael A Clark**

Mailing Address 1400 North 500 East

City  
Logan

State  
UT

Zip Code  
84341-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Logan Regional Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22175956**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Mr. Greg S. Bell**

Mailing Address 2180 South 1300 East, Suite 440

City

Salt Lake City

State

UT

Zip Code

84106-2856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22175957**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr Mark C Miller**

Mailing Address 50 North Medical Drive

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah Health Care - Hospi

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22175958**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert W Allen FACHE**

Mailing Address 900 Round Valley Drive

City

State

Zip Code

Park City

UT

84060-7552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Park City Medical Center

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22175959**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steve Smoot**

Mailing Address 1034 North 500 West

City

State

Zip Code

Provo

UT

84604-3380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Utah Valley Regional Medical Center

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22175960**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Laura Kaiser**

Mailing Address 2858 E. Newmans Lane

City

State

Zip Code

Holladay

UT

84121-1555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Intermountain Healthcare, Inc.

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22175961**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Gordon Crabtree**

Mailing Address 50 North Medical Drive

City State Zip Code  
 Salt Lake City UT 84132-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Utah Health Care - Hospi

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 18 2014

**Transaction ID : 22175962**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Terri Kane**

Mailing Address 1380 East Medical Center Drive

City State Zip Code  
 Saint George UT 84790-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dixie Regional Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 18 2014

**Transaction ID : 22175963**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Marc H Bennett**

Mailing Address 3221 Davinci Drive

City State Zip Code  
 Cottonwood Heights UT 84121-5764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Utah Hospital Association

Occupation  
Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 18 2014

**Transaction ID : 22175964**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Chad R. Austin**

Mailing Address 6518 SW 26th Court

City

Topeka

State

KS

Zip Code

66614-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.59

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2014

**Transaction ID : 22175983**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Mr. Michael R. Dunaway**

Mailing Address 15081 Linden Drive

City

Leawood

State

KS

Zip Code

66224-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Field Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2014

**Transaction ID : 22175991**

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

**C. Ms. Sherry Hausmann**

Mailing Address 2734 N Wilderness St

City

Wichita

State

KS

Zip Code

67226-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Via Christi Hospital on St. Francis

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2014

**Transaction ID : 22176002**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

353.65

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Jodi A Schmidt**

Mailing Address 1902 S. U.S. Hwy. 59 P.O. Box 956

City State Zip Code  
 Parsons KS 67357-0956

FEC ID number of contributing federal political committee.

C

Name of Employer

Labette Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 17 2014

Transaction ID : 22176017

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Craig Bolda**

Mailing Address 4890 E. 107th Court

City State Zip Code  
 Crown Point IN 46307-2862

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Catherine Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 18 2014

Transaction ID : 22176031

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. Pamela Cassara**Mailing Address 165 N. Canal Street  
#1114

City State Zip Code  
 Chicago IL 60606-1403

FEC ID number of contributing federal political committee.

C

Name of Employer

Franciscan Alliance

Occupation

Director of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 18 2014

Transaction ID : 22176035

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

675.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Claude Foreit**

Mailing Address 1252 N. Hoyne Avenue

City

Chicago

State

IL

Zip Code

60622-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Alliance

Occupation

Corporate VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22176037**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jennifer Marion**

Mailing Address 14540 Sedgwick Court

City

Granger

State

IN

Zip Code

46530-4870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Alliance

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22176039**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. James R Chromik**

Mailing Address 1400 West Fourth

City

Coffeyville

State

KS

Zip Code

67337-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coffeyville Regional Medical Center

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2014

**Transaction ID : 22176043**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

725.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr Mike Souza**

Mailing Address 100 Midway Road  
Suite 21

City Cranston State RI Zip Code 02920-5742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital Association of Rhode Island

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : 22176101**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Dr. Kevin Most DO**

Mailing Address 25 North Winfield Road

City Winfield State IL Zip Code 60190-1295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Memorial Hospital

Occupation  
Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176315**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

## **C. Mr Nicholas Volpe**

Mailing Address 251 East Huron Street

City Chicago State IL Zip Code 60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Memorial Hospital

Occupation  
Board Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176316**

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1070.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Nick Rave**

Mailing Address 1525 N. Clyburn

Unit B

City

Chicago

State

IL

Zip Code

60610-2483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176317**

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

## **B. Mr Patrick Towne**

Mailing Address 251 East Huron Street

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Healthcare

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176318**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Michael Vivoda**

Mailing Address 25 North Winfield Road

City

Winfield

State

IL

Zip Code

60190-1295

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cadence Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176319**

Amount of Each Receipt this Period

900.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1620.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr Serdar Bulun**

Mailing Address 251 East Huron Street

City State Zip Code  
 Chicago IL 60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Northwestern Memorial Healthcare

Occupation  
 Department Chair, OBGYN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

**Transaction ID : 22176326**

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Peter J McCanna**

Mailing Address 2025 Schiller

City State Zip Code  
 Wilmette IL 60091-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Northwestern Memorial Hospital

Occupation  
 Executive Vice President Administratio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

**Transaction ID : 22176327**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Michelle Janney**

Mailing Address 1620 Meadow Lane

City State Zip Code  
 Glenview IL 60025-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Northwestern Memorial Hospital

Occupation  
 Sr. VP/Chief Nurse Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

**Transaction ID : 22176328**

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1170.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Stephen Falk**

Mailing Address 676 North St. Clair Street  
Suite 2050

City State Zip Code  
Chicago IL 60611-2942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Memorial Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176329**

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

## **B. Mr. William Kistner**

Mailing Address 912 S. Morgan Street

City State Zip Code  
Chicago IL 60607-4219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Memorial Hospital

Occupation  
Vice President, Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176330**

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Elizabeth Rosenberg**

Mailing Address 772 North Main Street

City State Zip Code  
Glen Ellyn IL 60137-3942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cadence Health

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176333**

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

810.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert Christie**

Mailing Address 251 East Huron Street

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Vice President Government and Legislat

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176334**

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Mr Nathaniel Soper**

Mailing Address 251 East Huron Street

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Healthcare

Occupation

Board Chairman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176335**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**C. Dr. David A Ansell MD**

Mailing Address 1653 West Congress Parkway

City

Chicago

State

IL

Zip Code

60612-3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush University Medical Center

Occupation

Senior Vice President Clinical Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176336**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Peter W Butler**

Mailing Address 1653 West Congress Parkway

City  
Skokie

State  
IL

Zip Code  
60612-3864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush University Medical Center

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176337**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr Michael Dandorph**

Mailing Address 1653 West Congress Parkway

City  
Chicago

State  
IL

Zip Code  
60612-3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush University Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176342**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr Thomas Deutsch**

Mailing Address 1653 West Congress Parkway

City  
Chicago

State  
IL

Zip Code  
60612-3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush University Medical Center

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176343**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Larry J Goodman MD**

Mailing Address 1653 West Congress Parkway

City

Chicago

State

IL

Zip Code

60612-3839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush University Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176344**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Ms Diane McKeever**

Mailing Address 1653 West Congress Parkway

City

Chicago

State

IL

Zip Code

60612-3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush University Medical Center

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176345**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. John P. Mordach**

Mailing Address 2420 Comstock Court

City

Naperville

State

IL

Zip Code

60564-8463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Chicago Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176346**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Anne Murphy**

Mailing Address 1653 West Congress Parkway

City State Zip Code  
 Chicago IL 60612-3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush University Medical Center

Occupation

Senior Vice President Legal Affairs an

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

**Transaction ID : 22176347**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jo Amick**

Mailing Address PO Box 818

City State Zip Code  
 Minooka IL 60447-0818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

**Transaction ID : 22176348**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jay Anderson**

Mailing Address 1156 Summit Hills Lane

City State Zip Code  
 Naperville IL 60563-2243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

**Transaction ID : 22176349**

Amount of Each Receipt this Period

675.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1075.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Sandra B Bruce FACHE**

Mailing Address 7435 West Talcott Avenue

City

Chicago

State

IL

Zip Code

60631-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Presence Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	1	4

Transaction ID : 22176351

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dr. Charles Derus MD**

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

Vice President Medical Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	1	4

Transaction ID : 22176352

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**C. Ms Joanna Farrere**

Mailing Address 1151 E Warrenville RD

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	1	4

Transaction ID : 22176353

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)..... ►

2100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms Bridgett Gibbons**

Mailing Address 2132 West Warner

City

Chicago

State

IL

Zip Code

60618-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176354**

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

## **B. Dr. William R Gorski M.D.**

Mailing Address 1400 Charles Street

City

Rockford

State

IL

Zip Code

61104-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SwedishAmerican Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176355**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Dean M Harrison**

Mailing Address 251 East Huron Street

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176356**

Amount of Each Receipt this Period

1350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Alan Klein**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Manager of Financial Systems, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176358**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. Mr. Brian J Lemon**

Mailing Address 3249 South Oak Park Avenue

City

Berwyn

State

IL

Zip Code

60402-3429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central DuPage Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176360**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas Lubotsky**

Mailing Address 2410 Cumberland Circle

City

Long Grove

State

IL

Zip Code

60047-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176361**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Karrie Oertli**

Mailing Address 1221 Silver Oak Circle

City

Normal

State

IL

Zip Code

61761-9401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bromenn Regional Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 22176362**

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

**B. Ms Christine Stock**

Mailing Address 735 Prairie Ave

City

Wilmette

State

IL

Zip Code

60091-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Healthcare

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 22176363**

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

**c. Ms Gina Weldy**

Mailing Address 1529 N Mohawk #3 N

City

Chicago

State

IL

Zip Code

60610-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 22176364**

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

810.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott A. Ziomek**

Mailing Address 211 E. Ontario Street  
Suite 1750

City State Zip Code  
Chicago IL 60611-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Director, External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 22176365**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Moreno**

Mailing Address 1515 Holcombe Boulevard

City State Zip Code  
Houston TX 77030-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Texas M.D. Anderson Canc

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2014

**Transaction ID : 2217637**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Craig W Jones**

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
Oklahoma City OK 73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2925.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22179712**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kris A Doody RN**

Mailing Address 163 Van Buren Road, Suite 1

City State Zip Code  
 Caribou ME 04736-3567

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Cary Medical Center Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 29 2014

**Transaction ID : 22179714**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Judith C Tartaglia**

Mailing Address P O Box 547

City State Zip Code  
 Barre VT 05641-0547

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Central Vermont Medical Center President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 29 2014

**Transaction ID : 22179719**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Elliot T Joseph**

Mailing Address 3 Sunningdale

City State Zip Code  
 Farmington CT 06032-1460

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Hartford HealthCare President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 29 2014

**Transaction ID : 22179720**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Patricia L Robertson**

Mailing Address 2 Bernardine Drive

City

Newport News

State

VA

Zip Code

23602-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Immaculate Hospital

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22179754**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr Todd Stottlemeyer**

Mailing Address 12518 Nathaniel Oaks Dr

City

Herndon

State

VA

Zip Code

20171-1731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22179755**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Dr. Alice Ackerman MD**

Mailing Address 3905 Piney Ridge Road

City

Roanoke

State

VA

Zip Code

24018-9379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Department Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22179756**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert Broermann**

Mailing Address 6015 Poplar Hall Drive

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22179757**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Douglas Thompson**

Mailing Address 6015 Poplar Hall Drive Ste 300

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

VP, Reinventing Decision Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22179760**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kathryn S Wall**

Mailing Address 2300 Fall Hill Ave Ste 308

City

Fredericksburg

State

VA

Zip Code

22401-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Executive Vice President Human Resourc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22179762**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Terry Forde**

Mailing Address 17017 Clear Creek Drive

City

Silver Spring

State

MD

Zip Code

20905-5143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adventist HealthCare

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 29 / 2014

**Transaction ID : 22180298**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

## **B. Dr. Gerald Goldstein MD**

Mailing Address 909 Eastgate Court

City

Cumberland

State

MD

Zip Code

21502-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Maryland Regional Medical Cent

Occupation

Chief Medical Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 29 / 2014

**Transaction ID : 22180308**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Thomas A Kleinhanzl**

Mailing Address 4306 Saratoga Springs Court

City

Middletown

State

MD

Zip Code

21769-8110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frederick Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 29 / 2014

**Transaction ID : 22180309**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

765.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Barry P Ronan**

Mailing Address 15119 Trailridge Road S.W.

City

Cumberland

State

MD

Zip Code

21502-5846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Maryland Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

12 / 29 / 2014

**Transaction ID : 22180313**

Amount of Each Receipt this Period

340.00

Full Name (Last, First, Middle Initial)

**B. Mr. James J Xinis**

Mailing Address 8430 Meadowview Circle

City

Owings

State

MD

Zip Code

20736-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Calvert Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

12 / 29 / 2014

**Transaction ID : 22180319**

Amount of Each Receipt this Period

425.00

Full Name (Last, First, Middle Initial)

**C. Mr. Joseph P. Ross**

Mailing Address 9702 Clydeleven Drive

City

Hagerstown

State

MD

Zip Code

21740-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meritus Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

12 / 29 / 2014

**Transaction ID : 22180325**

Amount of Each Receipt this Period

510.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1275.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Robert E Simpson Jr. DSW, M**

Mailing Address P O Box 803

City

Brattleboro

State

VT

Zip Code

05302-0803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brattleboro Retreat

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 22180327**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Donovan**

Mailing Address 512 Brookside Dr

City

New London

State

NH

Zip Code

03257-5858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mt. Ascutney Hospital and Health Centre

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22180328**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard M Ash**

Mailing Address 450 Eastvold Avenue

City

Ortonville

State

MN

Zip Code

56278-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortonville Area Health Services

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22180331**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Jennifer E. Mallard**

Mailing Address 1455 Pennsylvania Ave, NW  
Suite 400

City Washington State DC Zip Code 20004-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Director Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22180789**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steven R Gordon**

Mailing Address 17 Belmont Avenue

City Brattleboro State VT Zip Code 05301-7601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brattleboro Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 30 / 2014

**Transaction ID : 22184516**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rocco Orlando III**

Mailing Address PO Box 5037

City Hartford State CT Zip Code 06102-5037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hartford HealthCare

Occupation

Senior Vice President and CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22184517**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Andrew Patterson**

Mailing Address 80 Highland Street

City

Laconia

State

NH

Zip Code

03246-3235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LRGHealthcare

Occupation

Director, Contracting & Corp. Complan

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22184519

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen J LeBlanc**

Mailing Address One Medical Center Drive

City

Lebanon

State

NH

Zip Code

03756-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22184520

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert P Steigmeyer**

Mailing Address P O Box 2037

City

Scranton

State

PA

Zip Code

18501-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Concord Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22184522

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael Connelly**

Mailing Address 240 South Main St

City  
Wolfeboro

State  
NH

Zip Code  
03894-4411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huggins Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22184523**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. John Clayton**

Mailing Address 125 Airport Road

City  
Concord

State  
NH

Zip Code  
03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

VP of Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22184524**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Alexander J. Walker ESQ**

Mailing Address 887 Chestnut St

City  
Manchester

State  
NH

Zip Code  
03104-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic Medical Center

Occupation

Senior Vice President Operations and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22184525**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Frank G McDougall Jr**

Mailing Address One Medical Center Drive

City

Lebanon

State

NH

Zip Code

03756-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Center

Occupation

Vice President Government Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22184644

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bill Fenske**

Mailing Address 301 S. Oak Avenue SW

City

Willamar

State

MN

Zip Code

56201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rice Memorial Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22187030

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel B McGinty**

Mailing Address 900 Long Lake Road  
Suite 150

City

New Brighton

State

MN

Zip Code

55112-6428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essentia Health St. Mary's Medical Cen

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22187053

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Steven Coyle**

Mailing Address 2902 South Lake Dr.

City

Davidsonville

State

MD

Zip Code

21035-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NASA

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22187248**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**B. Ms. Christine R Wray**

Mailing Address 22302 Bretmar Drive

City

Leonardtown

State

MD

Zip Code

20650-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar St. Mary's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22187254**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**c. Dr. Samuel Lee Ross MD, MS**

Mailing Address 11267 Independence Way

City

Ellicott City

State

MD

Zip Code

21044-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours Baltimore Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22187260**

Amount of Each Receipt this Period

85.00

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**TOTAL** This Period (last page this line number only)..... ►

1105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Jessica Y Carter**

Mailing Address 902 North Seventh Street

City State Zip Code  
 Cordele GA 31015-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Crisp Regional Hospital

Occupation  
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 30 2014

**Transaction ID : 22187265**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Craig Cotton**

Mailing Address 902 North Seventh Street

City State Zip Code  
 Cordele GA 31015-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Crisp Regional Hospital

Occupation  
 General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 30 2014

**Transaction ID : 22187266**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mitch Heirs**

Mailing Address 902 North Seventh Street

City State Zip Code  
 Cordele GA 31015-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Crisp Regional Hospital

Occupation  
 Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 30 2014

**Transaction ID : 22187268**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Robert Jansen MD**

Mailing Address 805 Sandy Plains Road

City

Marietta

State

GA

Zip Code

30066-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

Executive VP/President Wellstar Medica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 30 / 2014

**Transaction ID : 22187269**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Shelvia A Koontz**

Mailing Address 100 Bridle Path

City

Cordele

State

GA

Zip Code

31015-9154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crisp Regional Hospital

Occupation

Medical Imaging Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 30 / 2014

**Transaction ID : 22187270**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary Jim Montgomery RN, MSN, M**

Mailing Address 1901 Red Rock Drive

City

Gallup

State

NM

Zip Code

87301-5683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crisp Regional Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 30 / 2014

**Transaction ID : 22187271**

Amount of Each Receipt this Period

500.00

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**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Marsha L. Mulderig RN, MSN, M**

Mailing Address 902 North Seventh Street

City

State

Zip Code

Cordele

GA

31015-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Crisp Regional Hospital

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 22187272**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Paul**

Mailing Address 131 Radium Street NW  
Unit 1

City

State

Zip Code

Marietta

GA

30060-1369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

WellStar Kennestone Hospital

Vice President, Facilities Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 22187273**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brandon Reese**

Mailing Address 1116 Lindridge Drive NE

City

State

Zip Code

Atlanta

GA

30324-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

WellStar Health System

Executive Director of Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 22187274**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1075.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Leo Reichert**

Mailing Address 805 Sandy Plains Road

City State Zip Code  
 Marietta GA 30066-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WellStar Health System

Occupation  
 Executive Vice President and General C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 30 2014

**Transaction ID : 22187275**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Dan Woods**

Mailing Address 677 Church Street

City State Zip Code  
 Marietta GA 30060-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WellStar Kennestone Hospital

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 30 2014

**Transaction ID : 22187277**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

## **C. Dr. Gary Young**

Mailing Address 902 North Seventh Street

City State Zip Code  
 Cordele GA 31015-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Crisp Regional Hospital

Occupation  
 Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 30 2014

**Transaction ID : 22187278**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1175.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. James Callaghan III MD**

Mailing Address 2910 Mt. Claire Way

City

Long Beach

State

IN

Zip Code

46360-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan St. Anthony Health - Michig

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 22187281**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dan Dixon**

Mailing Address 917 32nd Ave South

City

Seattle

State

WA

Zip Code

98144-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Health & Services

Occupation

Chief Community Engagement Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 22187295**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Donna Smith**

Mailing Address 1100 Ninth Avenue  
PO Box 900

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 22187296**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Rosanne Ponzetti**

Mailing Address 2805 NE 110th Street

City

Vancouver

State

WA

Zip Code

98686-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22187474**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Walstrom**

Mailing Address 1115 SE 164th Avenue  
Box A

City

Vancouver

State

WA

Zip Code

98684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22187475**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr Dan Hein**

Mailing Address 2759 Ridge Lane

City

West Linn

State

OR

Zip Code

97068-2982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

System Vice President, Enterprise Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22187476**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joel Gilbertson**

Mailing Address 2100 Lake Washington Dr N  
Unit I-101

City State Zip Code  
Renton WA 98056-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Health & Services

Occupation

VP, Government & Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : 22187477**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Craig Boyer**

Mailing Address 1300 Anne Street NW

City State Zip Code  
Bemidji MN 56601-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Bemidji Medical Center

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 29 2014

**Transaction ID : 22188013**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Charles D Therrien**

Mailing Address 50 Union Street

City State Zip Code  
Ellsworth ME 04605-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maine Coast Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : 22192050**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1250.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David R Molmen**

Mailing Address 398 Woodland Cir

City

Grand Forks

State

ND

Zip Code

58201-8000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Altru Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 22192072**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Donna Meador**

Mailing Address 461 Mill Circle Drive

City

Shelbyville

State

KY

Zip Code

40065-9722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewish Hospital-Shelbyville

Occupation

Vice President, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192090**

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

**C. Ms. Paige Franklin**

Mailing Address 404 Kaelin Drive

City

Louisville

State

KY

Zip Code

40207-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President, Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192091**

Amount of Each Receipt this Period

326.91

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1086.91

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Elizabeth G. Cobb**

Mailing Address P.O. Box 436629

City

Louisville

State

KY

Zip Code

40205-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Director of Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192092**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Brian Brezosky**

Mailing Address Post Office Box 436620

City

Louisville

State

KY

Zip Code

40253-6620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192093**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kim J. Dees**

Mailing Address 2501 Nelson Miller Parkway  
Post Office Box 436629

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Executive Dir, Center for Health Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192094**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Nancy C. Galvagni**

Mailing Address 2501 Nelson Miller Parkway

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192095**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen P. Miller**

Mailing Address 1101 Cardinal Drive

City

Louisville

State

KY

Zip Code

40253-6629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192098**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Sarah S. Nicholson**

Mailing Address 2501 Nelson Miller Parkway

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192099**

Amount of Each Receipt this Period

500.00

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1500.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Debbie Riley**

Mailing Address 502 Trotwood Place

City

Louisville

State

KY

Zip Code

40245-4071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192100**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Carol J. Walters**

Mailing Address Post Office Box 436629

City

Louisville

State

KY

Zip Code

40253-6629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192101**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Charles J. Warnick**

Mailing Address 120 Hilltop Meadow

City

Frankfort

State

KY

Zip Code

46001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Director of Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22192102**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Matthew L Anderson JD**

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Regulatory/Strategic A

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1199.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2014

Transaction ID : 22192109

Amount of Each Receipt this Period

323.05

Full Name (Last, First, Middle Initial)

**B. Ms. Wendy Burt**Mailing Address 2550 University Avenue W.  
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Communications &amp; Publi

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2014

Transaction ID : 22192111

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

**C. Ms. Tania Daniels**

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Patient Safety

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

569.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2014

Transaction ID : 22192112

Amount of Each Receipt this Period

134.61

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592.27

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Ann Gibson**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22192113**

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

## **B. Ms. Mary Krinkie**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1142.35

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22192115**

Amount of Each Receipt this Period

122.35

Full Name (Last, First, Middle Initial)

## **C. Ms. Kristin Loncorich**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Director of State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22192220**

Amount of Each Receipt this Period

134.61

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

391.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Lawrence J Massa**

Mailing Address 2550 University Avenue West, Suite

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2854.17

Date of Receipt

12 / 29 / 2014

Transaction ID : 22192221

Amount of Each Receipt this Period

770.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Ben Peltier**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.22

Date of Receipt

12 / 29 / 2014

Transaction ID : 22192223

Amount of Each Receipt this Period

269.29

Full Name (Last, First, Middle Initial)

## **C. Mr. Joseph A Schindler**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 29 / 2014

Transaction ID : 22192224

Amount of Each Receipt this Period

134.61

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1173.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Mark Sonneborn**

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President of Information Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22192225**

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

## **B. Ms. Peggy Westby**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22192226**

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

## **C. Mr. Lester K Diamond**

Mailing Address 35 Avery Circle

City

Jackson

State

MS

Zip Code

39211-2473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Dominic-Jackson Memorial Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22194556**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

519.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Claude W Harbarger**

Mailing Address 969 Lakeland Drive

City

Jackson

State

MS

Zip Code

39216-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Dominic-Jackson Memorial Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22194562**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Julie McNeese**

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22194579**

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. Mr. Chad R. Austin**

Mailing Address 6518 SW 26th Court

City

Topeka

State

KS

Zip Code

66614-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

597.73

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22197108**

Amount of Each Receipt this Period

96.14

**SUBTOTAL** of Receipts This Page (optional)..... ►

617.14

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas L Bell**

Mailing Address 215 Southeast 8th Avenue

City	State	Zip Code
Topeka	KS	66603-3906

FEC ID number of contributing federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2014

Transaction ID : 22197109

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sherry Hausmann**

Mailing Address 2734 N Wilderness St

City	State	Zip Code
Wichita	KS	67226-2124

FEC ID number of contributing federal political committee.

C

Name of Employer

Via Christi Hospital on St. Francis

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2014

Transaction ID : 22197111

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Cindy Leah Samuelson**

Mailing Address 1107 NE 54th St

City	State	Zip Code
Topeka	KS	66617-4505

FEC ID number of contributing federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2014

Transaction ID : 22197114

Amount of Each Receipt this Period

24.05

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

199.05

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Christine Bradley**

Mailing Address 2007 Terrace Place

City  
Nashville

State  
TN

Zip Code  
37203-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt Hospital and Clinics

Occupation

Asst. Vice Chancellor, Government Rela

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22197177**

Amount of Each Receipt this Period

520.00

Full Name (Last, First, Middle Initial)

**B. Dr. Reginald W Coopwood MD**

Mailing Address 877 Jefferson Avenue

City  
Memphis

State  
TN

Zip Code  
38103-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional One Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22197178**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ms. Margaret DeNarvaez**

Mailing Address 1905 American Way

City  
Kingsport

State  
TN

Zip Code  
37660-5882

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellmont Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22197179**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ronald A. Loving**

Mailing Address 3177 Forest Shadows Drive

City State Zip Code  
 Chattanooga TN 37421-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Erlanger Medical Center

Occupation  
 Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 29 2014

**Transaction ID : 22197180**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Dr. Charles Wright Pinson MD**

Mailing Address 1211 22nd Avenue South

City State Zip Code  
 Nashville TN 37232-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Vanderbilt Health

Occupation  
 Deputy Vice Chancellor for Health Affa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 29 2014

**Transaction ID : 22197181**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. David R Posch**

Mailing Address 1301 Medical Center Drive  
 Ste. 3812 TVC

City State Zip Code  
 Nashville TN 37232-0028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Vanderbilt Hospital and Clinics

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 29 2014

**Transaction ID : 22197183**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr Jeffrey Woodside**

Mailing Address 975 East Third Street

City

Chattanooga

State

TN

Zip Code

37403-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erlanger Health System

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 29 / 2014

**Transaction ID : 22197184**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Chris Clarke**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President, Center for Pati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.05

Date of Receipt

12 / 29 / 2014

**Transaction ID : 22197185**

Amount of Each Receipt this Period

41.64

Full Name (Last, First, Middle Initial)

## **C. Mr. Michael A. Dietrich**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.05

Date of Receipt

12 / 29 / 2014

**Transaction ID : 22197187**

Amount of Each Receipt this Period

41.64

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

333.28

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Chris Giese**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice President of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22197188**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. Mr. James L. Goodloe**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22197189**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bill Jolley**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice-President-Rural Health Issues

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.05

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22197190**

Amount of Each Receipt this Period

41.64

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.64

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David H. McClure**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22197192

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Neiger**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

VP Accounting/ Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22197193

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Ms. Gwyn E Walters**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

VP for Research and Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22197194

Amount of Each Receipt this Period

43.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

103.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. William Casperson MD**

Mailing Address 4500 Memorial Drive

City

Belleville

State

IL

Zip Code

62226-5360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22197930**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms Dana Hehmann**

Mailing Address 4500 Memorial Drive

City

Belleville

State

IL

Zip Code

62226-5360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

Nursing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22197931**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael T McManus**

Mailing Address 5900 Bond Avenue

City

Centreville

State

IL

Zip Code

62207-2326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22197933**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Amy Thomas**

Mailing Address 4500 Memorial Drive

City

Belleville

State

IL

Zip Code

62226-5360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22197934**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Julie Lehr Creamer**

Mailing Address 3527 Illinois Road

City

Wilmette

State

IL

Zip Code

60091-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Vice President, Operations and Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22198745**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

## **C. Mr Bharat Mittal**

Mailing Address 251 East Huron Street

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : 22198746**

Amount of Each Receipt this Period

900.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jim Dechene**

Mailing Address 251 East Huron Street

City State Zip Code  
 Chicago IL 60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Northwestern Memorial Healthcare

Occupation  
 Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2014

**Transaction ID : 22198747**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Wukitsch**

Mailing Address 25 North Winfield Road

City State Zip Code  
 Winfield IL 60190-1295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Northwestern Memorial Healthcare

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2014

**Transaction ID : 22198748**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr. James Giblin MD**

Mailing Address 25 North Winfield Road

City State Zip Code  
 Winfield IL 60190-1295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cadence Health

Occupation  
 Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2014

**Transaction ID : 22198749**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Phillip Roemer**

Mailing Address 251 East Huron Street

City State Zip Code  
Chicago IL 60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Memorial Healthcare

Occupation  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : 22199474**

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Richard Gannotta**

Mailing Address 251 East Huron Street

City State Zip Code  
Chicago IL 60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Memorial Healthcare

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : 22199475**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

## **C. Ms. JoEllen L Randall PHR**

Mailing Address Broadway at 11th Street PO Box 700

City State Zip Code  
Quincy IL 62305-7005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blessing Hospital

Occupation  
Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : 22199476**

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

765.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kelly Jo Golson**

Mailing Address 406 Alberosky Way

City

Batavia

State

IL

Zip Code

60510-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Vice President Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199477**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. Mr Nathaniel Soper**

Mailing Address 251 East Huron Street

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Healthcare

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199480**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**C. Dr. Mark Daniels MD**

Mailing Address 300 Randall Road

City

Geneva

State

IL

Zip Code

60134-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delnor Hospital

Occupation

Vice President Physician Enterprise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199481**

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1125.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin R Brady**

Mailing Address 1525 Hillcrest Road

City

Downers Grove

State

IL

Zip Code

60516-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199482**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Maureen A Bryant FACHE**

Mailing Address 300 Randall Road

City

Geneva

State

IL

Zip Code

60134-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delnor Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199483**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**c. Dr. Susan K Campbell**

Mailing Address 3075 Highland Pkwy

City

Downers Grove

State

IL

Zip Code

60515-1288

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199484**

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr Howard Chrisman**

Mailing Address 251 Beach RD

City

Glencoe

State

IL

Zip Code

60022-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Healthcare

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199485**

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**B. Mr Francis D Fraher**

Mailing Address 372 Larch Ave

City

Elmhurst

State

IL

Zip Code

60126-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Vice President and Treasurer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199486**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard Heim**

Mailing Address 3815 Highland Avenue

City

Downers Grove

State

IL

Zip Code

60515-1590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate South Suburban Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199487**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Andrew C. Palumbo**

Mailing Address 711 Whie Willow Bay

City

Palatine

State

IL

Zip Code

60067-6654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cadence Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199488**

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lydia Splan**

Mailing Address 925 N. Willard Court,  
Unit B

City

Chicago

State

IL

Zip Code

60642-4170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 22199491**

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

**C. Mr. William Keith**

Mailing Address 2435 Forest Drive

City

Columbia

State

SC

Zip Code

29204-2098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Regional Healthcare

Occupation

Senior Vice President, CAD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199539**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1130.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James A Pfeiffer FACHE**

Mailing Address 1325 Spring Street

City

Greenwood

State

SC

Zip Code

29646-3860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Regional Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199540**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. F Gregory Mappin MD**

Mailing Address 1325 Spring Street

City

Greenwood

State

SC

Zip Code

29646-3860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Regional Healthcare

Occupation

Vice President Medical Affairs and Chi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199541**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Craig White**

Mailing Address 1325 Spring Street

City

Greenwood

State

SC

Zip Code

29646-3860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Regional Healthcare

Occupation

Vice President Corporate Compliance an

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199542**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Tim Evans**

Mailing Address 235 Dry Brance Court

City

Greenwood

State

SC

Zip Code

29649-2271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Regional Healthcare

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199543**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Michelle Edwards**

Mailing Address 1301 Taylor Street, Suite 9-A

City

Columbia

State

SC

Zip Code

29201-2963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health Baptist

Occupation

Executive Vice President Information T

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199548**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Todd Miller**

Mailing Address 517 Autumn Circle

City

Columbia

State

SC

Zip Code

29206-4983

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

System Vice President Marketing & Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199549**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Julian Gibbons**

Mailing Address Five Medical Park Drive

City State Zip Code  
Columbia SC 29203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

Chief Government Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 29 2014

**Transaction ID : 22199554**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. John A Miller Jr FACHE**

Mailing Address 1 Spring Back Way

City State Zip Code  
Anderson SC 29621-2676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 29 2014

**Transaction ID : 22199555**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**c. Mr. John J Singerling III FACHE**

Mailing Address P O Box 2266

City State Zip Code  
Columbia SC 29202-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 29 2014

**Transaction ID : 22199556**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard E D'Alberto FACHE**

Mailing Address P O Box 976

City  
Clinton

State  
SC

Zip Code  
29325-0976

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Health System - Laurens Cou

Occupation

Campus President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22199557

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bruce P Bailey**

Mailing Address 606 Black River Rd

City

Georgetown

State

SC

Zip Code

29440-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown Hospital System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22199558

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard Kirk Toomey DHA, FACHE**

Mailing Address 955 Ribaut Road

City

Beaufort

State

SC

Zip Code

29902-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beaufort Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2014

Transaction ID : 22199559

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Sullivan**

Mailing Address 1772 Bellamy Circle

City

Albemarle

State

NC

Zip Code

28001-9511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Pleasant Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199560**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark S Nantz FACHE**

Mailing Address One St Francis Drive

City

Greenville

State

SC

Zip Code

29601-3999

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199561**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Dean E Davis**

Mailing Address 852 N Church St

City

Spartanburg

State

SC

Zip Code

29303-3051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spartanburg Regional Healthcare System

Occupation

MGCVP/Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199562**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Nick Ulmer M.D.**

Mailing Address P O Box 976

City  
Clinton

State  
SC

Zip Code  
29325-0976

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spartanburg Regional Healthcare System

Occupation

Vice President Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199563**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr Christopher Lombardozzi**

Mailing Address 317 Ashwick Ct

City

Spartanburg

State

SC

Zip Code

29301-5609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spartanburg Regional Healthcare System

Occupation

Chief Medical Officer, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199564**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Watson**

Mailing Address 155 E Broad ST  
Ste 311

City

Spartanburg

State

SC

Zip Code

29306-3280

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spartanburg Regional Healthcare System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199565**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas C Dandridge FACHE**

Mailing Address 3000 St Matthews Road

City

Orangeburg

State

SC

Zip Code

29118-1442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199566**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Edmond R. Jordan**

Mailing Address 201 Graylyn Drive

City

Anderson

State

SC

Zip Code

29621-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health Medical Center

Occupation

Director of Urgent Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199567**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Carey M. Owen**

Mailing Address 2520 Springwood Drive

City

Auburn

State

AL

Zip Code

36830-7236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199611**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas M. Lane**

Mailing Address 2407 11th Avenue

City  
Valley

State  
AL

Zip Code  
36854-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center-Lanier

Occupation

Assistant Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199612**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ms Eve Milner**

Mailing Address 108 Jefferson Place

City

Lagrange

State

GA

Zip Code

30240-8527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center-Lanier

Occupation

Assistant Vice President Clinical Srvc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199613**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Terry W Andrus**

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199614**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Laura D Grill BSN, RN**

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Executive Vice President and Administr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199615**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jane M. Fullum**

Mailing Address 839 Millers Point Rd

City

Auburn

State

AL

Zip Code

36830-7628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Asst. Vice President Patient Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199616**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ms. Laura W. Bell**

Mailing Address 8897 Tara Lane

City

Auburn

State

AL

Zip Code

36830-8247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Asst. Vice President/ Quality Manageme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199617**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah T. Gray**

Mailing Address 3010 Pheasant Dr

City

Opelika

State

AL

Zip Code

36801-3363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President/Information T

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199618**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Roben H Nutter MBA, CPHQ**

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President and General C

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199619**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Sam Price**

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36802-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Executive Vice President Finance/Chief

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199620**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. LeAnne Moran**

Mailing Address 6451 Rock Spring Rd

City

Jacksons Gap

State

AL

Zip Code

36861-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President/Revenue Cycle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 22 / 2014

Transaction ID : 22199621

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bruce Zartman**

Mailing Address 1820 Coopers Pound Rd

City

Auburn

State

AL

Zip Code

36830-7278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 22 / 2014

Transaction ID : 22199622

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Gregory A. Nichols CHFM**

Mailing Address 22136 Veterans Memorial Pkwy

City

Lafayette

State

AL

Zip Code

36862-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 22 / 2014

Transaction ID : 22199623

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Susan Johnston**

Mailing Address 2208 Heritage Dr

City

Opelika

State

AL

Zip Code

36804-7606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Asst. Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199624**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr. Michael Lisenby MD**

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Vice President and Chief Medical Offic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199625**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Dennis Thrasher**

Mailing Address 2190 Springwood Drive

City

Auburn

State

AL

Zip Code

36830-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Asst. Vice President/Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199626**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ken Lott**

Mailing Address 1567 Oak Hill Circle

City

Auburn

State

AL

Zip Code

36832-6798

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199627**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Wm. Michael Warren Jr.**

Mailing Address 1600 Seventh Avenue South

City

Birmingham

State

AL

Zip Code

35233-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Alabama, The

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199628**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Keith Pennington**

Mailing Address 995 Ninth Avenue SW

City

Bessemer

State

AL

Zip Code

35022-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical West

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199629**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Todd S Kennedy**

Mailing Address 50 Medical Park East Drive

City

Birmingham

State

AL

Zip Code

35235-9987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199630**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Reid F Jones**

Mailing Address 7634 Cottonridge Rd

City

Trussville

State

AL

Zip Code

35173-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199631**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Ronald S Owen FACHE**

Mailing Address P O Box 6987

City

Dothan

State

AL

Zip Code

36302-6987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southeast Alabama Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199632**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary Beth Briscoe**

Mailing Address 619 19th Street South

City

Birmingham

State

AL

Zip Code

35249-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Alabama Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199633**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Christopher B Griffin**

Mailing Address P O Box 908

City

Brewton

State

AL

Zip Code

36427-0908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

D. W. McMillan Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

**Transaction ID : 22199634**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr William Isenhower**

Mailing Address 234 Brookfield Dr

City

Greenwood

State

SC

Zip Code

29646-9237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Regional Healthcare

Occupation

Chief Medical Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199637**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Keith E. Maitland**

Mailing Address 31415 Tuttle Drive

City

Bay Village

State

OH

Zip Code

44140-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals

Occupation

President, UH Home Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199862**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Keating**

Mailing Address 2139 Auburn Avenue

City

Cincinnati

State

OH

Zip Code

45219-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christ Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199900**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Louge**

Mailing Address 1995 Sherborne Lane

City

Powell

State

OH

Zip Code

43065-8555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OhioHealth

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 22199913**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Melinda Reid Hatton**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1045726233630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. David Schulke**

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1057462133630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Sarah B. Macchiarola**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1082532733630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.57

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Barbara Jellen**

Mailing Address 206 N Royal St

City

Alexandria

State

VA

Zip Code

22314-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1113464233630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Lisa Allen**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1118928233630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**c. Mr. Dale A Kirby**

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1125892333630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Mary Meadows**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR1260472933630

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Jack A. Mackay**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR1347703633630

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Susan Gergely MBA**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AONE

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR1347791033630

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

137.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Heather Drevna**

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Advocacy and Member Co

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1348169733630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Sharon Allen**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASHHRA

Occupation

Associate Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1474886233630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Mark Colucci**

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1475133733630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

137.86

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Fannie D. Wade**

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR1476385733630

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Monica D Day**

Mailing Address 4321 Telfair Blvd  
D319

City

Suitland

State

MD

Zip Code

20746-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR1516850633630

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Elisa Arespachaga**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR1555656233630

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Kathy Poole**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1589439933630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Kimberly Baker**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1590809133630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Bob Kehoe**

Mailing Address 155 N Wacker Dr Fl 7

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Facilities Management Magazine

Occupation

Executive Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1625368333630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bill Ladewski**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, Center for Healt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1625369133630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Joan M. M Ryzner**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Education Program Manager, HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1625587833630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Monique Showalter**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1625602233630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Stephen Hines**

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1648726633630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Erik Rasmussen**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1819487933630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Aimee Kuhlman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR1877582333630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Shari Dexter**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1878189833630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms Beverly Hancock**

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Dir Educational Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1913189333630**

Amount of Each Receipt this Period

47.71

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Joanna Kim**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1913190533630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 179

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Evelyn Knolle**

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

Transaction ID : PR1913190733630

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Juanita Myrick**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Employee Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

Transaction ID : PR1913192533630

Amount of Each Receipt this Period

39.50

P/R Deduction (\$13.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Jennifer Schleman**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Media Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

Transaction ID : PR1913194033630

Amount of Each Receipt this Period

75.00

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

171.98

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathleen Cain**

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Staff Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1936378433630**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Janet Henderson**

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1937843133630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Diane Jones**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR1943461533630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

144.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Stacey Chappell**

Mailing Address 155 N. Wacker Drive  
Suite 400

City State Zip Code  
Chicago IL 60606-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Communications Specialist, Advo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : PR1963876233630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Jeff Goldman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President of Coverage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : PR1978358633630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Linda Fishman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : PR327629133630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

212.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael P. McCue**

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR327771633630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Suzanne R. Sonik**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR32777233630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Debra J. Stock**

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR32777833630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

287.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Neil Jesuele**

Mailing Address 155 N Wacker Dr

City  
Chicago

State  
IL

Zip Code  
60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR327801733630

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Pamela Austin Thompson RN, MSN**

Mailing Address 325 Seventh Street, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR327812033630

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Joan H. Lewis**

Mailing Address 6034 North 22nd Street

City  
Arlington

State  
VA

Zip Code  
22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR327831733630

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert J. Donovan**

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR327846233630

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Ellen A. Pryga**

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR327851933630

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Seklecki**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR327858033630

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

212.86

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John F. Barry**

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : PR327877833630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. George F. Bergstrom**

Mailing Address 130 North Garland Court  
#3002

City State Zip Code  
Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : PR327895733630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Eileen M. Collins Offner**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation  
Director Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : PR327906133630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

270.57

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas J. Bonner FACHE**

Mailing Address P.O. Box 679010

City

Austin

State

TX

Zip Code

78767-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR327983733630**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Richard J. Umbdenstock**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR328132833630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Barbara Lorsbach**

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR328136933630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

380.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Donna J. Melkonian**

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR328223833630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.50

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR328241433630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Richard J. Pollack**

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR328260933630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Carla J Luggiero**

Mailing Address 325 7th St Nw

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Senior Associate Director, Fed Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR328490133630

Amount of Each Receipt this Period

28.51

P/R Deduction (\$9.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn Forcina**

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR328511833630

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Alicia N. Mitchell**

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR328512033630

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

258.89

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. George Arges**

Mailing Address One North Franklin St.

City State Zip Code  
 Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2014

**Transaction ID : PR328641133630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Anthony S Burke**

Mailing Address 155 N Wacker Dr

City State Zip Code  
 Chicago IL 60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHA Solutions, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2014

**Transaction ID : PR328913333630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Rebecca Chickey**

Mailing Address One North Franklin Street

City State Zip Code  
 Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2014

**Transaction ID : PR329013433630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. John R. Combes**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR329071333630

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Robyn L. Bash**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR329084433630

Amount of Each Receipt this Period

145.88

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. W. Thomas Deweese**

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR329215733630

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

376.26

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Evans**

Mailing Address One North Franklin Street

City State Zip Code  
 Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2014

**Transaction ID : PR329342633630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Patricia Meersman**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2014

**Transaction ID : PR330343333630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas Misfeldt**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2014

**Transaction ID : PR330411633630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

212.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Maureen D. Mudron**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR330465233630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Paul N. Muraca**

Mailing Address 4960 138th Circle West

City State Zip Code  
Apple Valley MN 55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR330475433630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Gene O'Dell**

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : PR330547733630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

212.86

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Eileen O'Keefe**

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

**Transaction ID : PR330549233630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Anthony Spohn**

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

**Transaction ID : PR331098333630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Debi H. Tucker Esq.**

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

**Transaction ID : PR331278833630**

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Darlene S. Vanderbush**

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR331304233630**

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Jo Ann Webb**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR331379133630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Judy Weinsheimer**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

**Transaction ID : PR331386933630**

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Dale Woodin**

Mailing Address 800 W. Central Road

City

Arlington Heights

State

IL

Zip Code

60005-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR331481333630

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Megan Cundari**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR518031933630

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Laura M. Werner**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR560101533630

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

212.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Ashley B. Thompson**

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR766023733630

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Rochelle M. Archuleta**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2014

Transaction ID : PR801366333630

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

155.38

**TOTAL** This Period (last page this line number only)..... ►

164848.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. New York Hospital & Healthcare Assoc. FED PAC**

Mailing Address One Empire Drive

City	State	Zip Code
Rensselaer	NY	12144

FEC ID number of contributing federal political committee.

**C** C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185000.00

Date of Receipt

**12 / 04 / 2014**

**Transaction ID : 22168272**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **B. PAC of Missouri Hospital Association**

Mailing Address P.O. Box 60

City	State	Zip Code
Jefferson City	MO	65102

FEC ID number of contributing federal political committee.

**C** C00289777

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

**12 / 15 / 2014**

**Transaction ID : 22175574**

Amount of Each Receipt this Period

4500.00

Full Name (Last, First, Middle Initial)

## **C. Texas Hospital Association HOSPAC - Federal**

Mailing Address P.O. Box 15587

City	State	Zip Code
Austin	TX	78761-5587

FEC ID number of contributing federal political committee.

**C** C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72600.00

Date of Receipt

**12 / 19 / 2014**

**Transaction ID : 22176366**

Amount of Each Receipt this Period

10500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Hospital and Healthsystem Assoc. of PA (F)**

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing  
federal political committee.

C

C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

92000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 23 2014

**Transaction ID : 22179721**

Amount of Each Receipt this Period

12000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12000.00

37000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Waterfront Strategies**

Mailing Address 3050 K Street, NW  
Suite 100

City Washington State DC Zip Code 20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

58009.15

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 22249106**

Amount of Each Receipt this Period

58009.15

Refund

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

58009.15

58009.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. TD Bank**

Mailing Address 901 Seventh Street, NW

City  
Washington

State Zip Code  
DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2604.51

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2014

**Transaction ID : 22192056**

Amount of Each Receipt this Period

124.73

Interest Earned

Full Name (Last, First, Middle Initial)

## **B. TD Bank**

Mailing Address 901 Seventh Street, NW

City  
Washington

State Zip Code  
DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2479.78

Date of Receipt

M M / D D / Y Y Y Y Y  
11 28 2014

**Transaction ID : 22192061**

Amount of Each Receipt this Period

112.47

Interest Earned

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

237.20

**TOTAL** This Period (last page this line number only)..... ►

237.20

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
 12 / 02 / 2014

**Transaction ID : 22249616**

Amount of Each Disbursement this Period

174.16

Merchant Fees

Full Name (Last, First, Middle Initial)

## **B. Paymentech**

Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
 12 / 03 / 2014

**Transaction ID : 22249617**

Amount of Each Disbursement this Period

32.95

Merchant Fees

Full Name (Last, First, Middle Initial)

## **C. Paymentech**

Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
 12 / 04 / 2014

**Transaction ID : 22249618**

Amount of Each Disbursement this Period

76.05

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

283.16

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Ste. 001

City	State	Zip Code
Chicago	IL	60679

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2014

**Transaction ID : 22249620**

Amount of Each Disbursement this Period

48.75
-------

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address 901 Seventh Street, NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2014

**Transaction ID : 22249621**

Amount of Each Disbursement this Period

152.43
--------

Bank Fee

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

201.18

484.34

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. CASS PAC (Continuing America's Strength & Security PAC)**

Mailing Address 3482 Drusilla Lane - Suite #1

City	State	Zip Code
Baton Rouge	LA	70809

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**CASS PAC (Continuing America's Strength & Security PAC)**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2014

**Transaction ID : 22166932**

Amount of Each Disbursement this Period

5000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. Heartland Values PAC**

Mailing Address P.O. Box 505

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Heartland Values PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2014

**Transaction ID : 22166934**

Amount of Each Disbursement this Period

500.00
--------

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Making a Responsible Stand for Households in America PAC**

Mailing Address PO BOX 3241

City	State	Zip Code
Brentwood	TN	37024-3241

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Making a Responsible Stand for Households in America PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2014

**Transaction ID : 22166937**

Amount of Each Disbursement this Period

500.00
--------

2014 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Motor City PAC**Mailing Address 600 Pennsylvania Avenue, SE  
Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Motor City PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2014

**Transaction ID : 22166938**

Amount of Each Disbursement this Period

2000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. Moving America Forward**

Mailing Address P.O. Box 25

City Great Falls State VA Zip Code 22066

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Moving America Forward**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2014

**Transaction ID : 22166939**

Amount of Each Disbursement this Period

1000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Cotton For Senate**

Mailing Address PO Box 379

City Dardanelle State AR Zip Code 72834

Purpose of Disbursement  
Contribution

Candidate Name

**Thomas Cotton**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2014 General Debt Re

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2014

**Transaction ID : 22166940**

Amount of Each Disbursement this Period

5000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Joni for Iowa**

Mailing Address PO Box 93441

City	State	Zip Code
Des Moines	IA	50393

Purpose of Disbursement  
Contribution

Candidate Name

**Joni Ernst**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: IA

District:

2014 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

**Transaction ID : 22166945**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Cory Gardner For Senate**

Mailing Address 9227 E. Lincoln Ave., #200-234

City	State	Zip Code
Lone Tree	CO	80124

Purpose of Disbursement  
Contribution

Candidate Name

**Cory Gardner**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: CO

District:

2014 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

**Transaction ID : 22167113**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Families For James Lankford**

Mailing Address PO Box 1639

City	State	Zip Code
Bethany	OK	73008

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Rep. James Paul Lankford**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

**Transaction ID : 22167319**

Amount of Each Disbursement this Period

1000.00
---------

2016 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mikulski For Senate Committee**

Mailing Address PO Box 13147

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Sen. Barbara A. Mikulski**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

**Transaction ID : 22167350**

Amount of Each Disbursement this Period

1000.00
---------

2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Kristi For Congress**

Mailing Address PO Box 852

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Rep. Kristi Lynn Noem**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

**Transaction ID : 22167351**

Amount of Each Disbursement this Period

1000.00
---------

2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Buck For Colorado**

Mailing Address PO Box 338108

City	State	Zip Code
Greeley	CO	80633

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Kenneth Buck**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

**Transaction ID : 22167353**

Amount of Each Disbursement this Period

1000.00
---------

2016 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mullin For Congress**

Mailing Address PO Box 2156

City Claremore State OK Zip Code 74018

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Markwayne Mullin**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OK District: 02

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2014

**Transaction ID : 22167354**

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Thom Tillis Committee**

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contribution

Candidate Name

**Thom Tillis**

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NC District:

Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2014 General Debt Re

011

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2014

**Transaction ID : 22169568**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Big Sky Opportunity PAC**

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Big Sky Opportunity PAC**

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2014

**Transaction ID : 22172440**

Amount of Each Disbursement this Period

2000.00

2014 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. IMPACT**Mailing Address 509 Madison Ave.  
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement  
2014 Contribution

Candidate Name

**IMPACT**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2014

**Transaction ID : 22172441**

Amount of Each Disbursement this Period

2000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. SUSAN PAC**

Mailing Address 9425 North Meridian Street, Suite

City Indianapolis State IN Zip Code 46260-1308

Purpose of Disbursement  
2014 Contribution

Candidate Name

**SUSAN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2014

**Transaction ID : 22172442**

Amount of Each Disbursement this Period

1000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Turquoise PAC**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Turquoise PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2014

**Transaction ID : 22172443**

Amount of Each Disbursement this Period

1000.00
---------

2014 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Elise For Congress**

Mailing Address PO Box 338

City	State	Zip Code
Willsboro	NY	12996

Purpose of Disbursement  
Contribution

Candidate Name

**Elise Stefanik**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General☒ Other (specify) ▼

2014 General Debt Re

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2014

**Transaction ID : 22172444**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Jason Chaffetz**

Mailing Address 315 Westfield Circle

City	State	Zip Code
Alpine	UT	84004

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Rep. Jason E. Chaffetz**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General☐ Other (specify) ▼

State: UT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2014

**Transaction ID : 22172446**

Amount of Each Disbursement this Period

1000.00
---------

2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement  
2018 Contribution

Candidate Name

**Sen. Jon Tester**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2014

**Transaction ID : 22172447**

Amount of Each Disbursement this Period

2500.00
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2018 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Joni for Iowa**

Mailing Address PO Box 93441

City	State	Zip Code
Des Moines	IA	50393

Purpose of Disbursement  
Contribution

Candidate Name

**Joni Ernst**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2014 General Debt Re

State: IA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2014

**Transaction ID : 22176301**

Amount of Each Disbursement this Period

4000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Mailing Address 1150 University Ave, Bldg. 5

City	State	Zip Code
Rochester	NY	14607

Purpose of Disbursement  
Void of 09/14 Check

Candidate Name

**Rep. Louise McIntosh Slaughter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

**Transaction ID : 22263028**

Amount of Each Disbursement this Period

-1000.00
----------

Void of 09/14 Check

Full Name (Last, First, Middle Initial)

**C. Alma Adams For Congress**

Mailing Address PO Box 20622

City	State	Zip Code
Greensboro	NC	27420

Purpose of Disbursement  
Void of 05/14 Check

Candidate Name

**Alma Adams**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

**Transaction ID : 22263029**

Amount of Each Disbursement this Period

-2000.00
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Void of 05/14 Check

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Grace For New York**

Mailing Address 49-04 43rd Ave

City	State	Zip Code
Woodside	NY	11377

Purpose of Disbursement  
Void of 09/14 Check

011

Candidate Name

**Rep. Grace Meng**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

**Transaction ID : 22263030**

Amount of Each Disbursement this Period

-2000.00

Void of 09/14 Check

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address PO Box 391

City	State	Zip Code
Geneva	NY	14456

Purpose of Disbursement  
Void of 10/14 Check

011

Candidate Name

**Rep. Tom Reed**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

**Transaction ID : 22263031**

Amount of Each Disbursement this Period

-1000.00

Void of 10/14 Check

Full Name (Last, First, Middle Initial)

**C. Friends Of John Boehner**Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City	State	Zip Code
West Chester	OH	45069

Purpose of Disbursement  
Void of 10/14 Check

011

Candidate Name

**Rep. John A. Boehner**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

**Transaction ID : 22263032**

Amount of Each Disbursement this Period

-4000.00

Void of 10/14 Check

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-7000.00

35500.00